

1155

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	Gila,	BUREAU OF VITAL STATISTICS	
District of	Globe,	ORIGINAL CERTIFICATE OF BIRTH	
Town of		State Index No.	115
or		County Registrar No.	613
City of	Globe,	Local Registrar No.	
		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child		Charles Raymond Roark,	
3. Sex of Child		4. Twin, triplet or other	
Male	To be answered ONLY in event of plural births.	5. No., in order of birth	6. Legitimate? Yes
		7. Date of birth 8 5 1924	
		Month day year	
9. FATHER		14. MOTHER	
Full name Edward Roark,		Full maiden name Freda Teel,	
9. Residence (Usual place of abode) Globe		15. Residence (Usual place of abode) Globe,	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race White		16. Color or race White	
11. Age at last birthday 23 (Years)		17. Age at last birthday 17 (Years)	
12. Birthplace (city or place) New Mexico,		18. Birthplace (city or place) Okla.	
(State or country)		(State or country)	
13. Occupation Powder Man		19. Occupation Housewife,	
Nature of industry		Nature of industry	
20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? Yes.	
(a) Born alive and now living 1			
(b) Born alive but now dead			
(c) Stillborn			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was Alive at 12-20 A.M. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature Y. E. Wightman	
Given name added from a supplemental report		Address Globe, ARIZ.	
Month, day, year.		Filed 8-12, 1924	
Registrar.		Filed 9-3, 1924	
		County Registrar.	

392-805-633